IPDR6702				NORTH CAROLINA		PAGE	1	
RUN DATE	: 10/23/2005			RS CHECKWRITE SUMMARY REPORT				
				CHECKWRITE DATE: 10/27/2005 FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	21	6	DUPLICATE OF CLAIM-SYSTEM				
	H/DD/SAS							
		24	2	PROCEDURE CODE, PROCEDURE/MODI	0	8	8	
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
3404904	WESTERN HIGHLAN	21	661	DUPLICATE OF CLAIM-SYSTEM				
	DS LME							
		8329	176	CLAIM DENIED ATTENDING PROVIDE				
		0329	170	R CANNOT BE THE SAME AS	0	1112	11783	1067
				THE LMA				
		79	68	THIS SERVICE IS NOT PAYABLE TO				
		+		YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
				·				
3404910	PATHWAYS	8621	55	60 RESIDENTIAL LEVEL III TREAT				
		1		MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
				FOR ADDITIONAL SERVICE.				
		11	54	CLIENT NOT ELIGIBLE ON SERVICE	1	155	5479	528
				DATE				
		5404	12	SEVERE DUPLICATE: SAME ATTO PR				
				OV/PCODE/TOS/DOS/MOD				
2404012		79	282	BUYG GERNATAR YA NOR DAVADAR RO				
3404912	CATAWBA COUNTYM ENTAL HEALT	79	202	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
	ENIAL HEADI			PROVIDER TYPE AND SPECIALTY IN				
		8931	138	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	173	690	4158	346
				RVICES IN IPRS.				
		8535	60	SERVICE FACILITY LOCATION WAS				
				NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
				PLEASE RESUBMIT YOUR CLAIM WIT				
3404913	MECKLENBURG COM	11	4393	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	445	DETAIL NOT COVERED BY COMBINAT	224	5322	7574	225
				ION OF RECIPIENT, PROVIDER AND	224	3322	7374	223
				BENEFIT PACKAGE.				
		10	142	DIAGNOSIS OR SERVICE INVALID F				
		10	147	OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404916	CROSSROADS BEHA	21	79	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL	+	-	+				
		10	28	DIAGNOSIS OR SERVICE INVALID F	6	157	808	65
		1		OR CLIENT AGE. VERIFY CID,				
		+		DIAGNOSIS, PROCEDURE CODE FOR				
		8599	20	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
		1		BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM	21	195	DUPLICATE OF CLAIM-SYSTEM				
	AN SERVICES			1				
		2522						L
		8599	84	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	15	423	1319	89
		+	-	BENEFIT PACKAGE.				
		11	66	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				

PROVIDER							TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0					
		0	0		0	0	0	
3404919	GUILFORD CO MEN	79	153	THIS SERVICE IS NOT PAYABLE TO				
	TAL HEALTHC			YOUR SUBMITTED BILLING				
	THE HEIDTHO			PROVIDER TYPE AND SPECIALTY IN				
		5404	57	SEVERE DUPLICATE: SAME ATTO PR	40	348	3193	284
				OV/PCODE/TOS/DOS/MOD				
		8599	47	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
3404920		8599	1104	DETAIL NOT COVERED BY COMBINAT				
3404920	ALAMANCE CASWEL	0333	1104	ION OF RECIPIENT, PROVIDER AND				
	L AREA MH D			BENEFIT PACKAGE.				
		5404	185	SEVERE DUPLICATE: SAME ATTD PR	9	1725	3396	167
				OV/PCODE/TOS/DOS/MOD		1,23	5590	207.
		8622	122	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404921	ORANGE PERSON C	5312	1796	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA		ļ	DED				
		8599	579	DETAIL NOT COVERED BY COMBINAT	3	3190	7236	4046
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	388	FURTHER PROCESSING NECESSARY,				
		0000	500	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404922	THE DURHAM CENT	8329	2043	CLAIM DENIED ATTENDING PROVIDE				
	ER			R CANNOT BE THE SAME AS				
				THE LMA				
		8599	250	DETAIL NOT COVERED BY COMBINAT	1	2524	5855	3331
		8599	250	ION OF RECIPIENT, PROVIDER AND	1	2524	5855	3331
		8599	250		1	2524	5855	333:
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	2524	5855	333:
		191	122	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC	1	2524	5855	333:
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	2524	5855	3331
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC	1	2524	5855	3331
2404022		191	122	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	1	2524	5855	333:
3404923	FIVE COUNTY MH			ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME THIS SERVICE IS NOT PAYABLE TO	1	2524	5855	333:
3404923	FIVE COUNTY MH	191	122	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	1	2524	5855	333:
3404923	FIVE COUNTY MH	191	122	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME THIS SERVICE IS NOT PAYABLE TO	1	2524	5855	3331
3404923	FIVE COUNTY MH	191	122	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	1			
3404923	FIVE COUNTY MH	191	122	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT	0	2524	1057	
3404923	FIVE COUNTY MH	191	122	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0			
3404923	FIVE COUNTY MH	191	122	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC # PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0			
3404923	FIVE COUNTY MH	191	122	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC # PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0			
3404923	FIVE COUNTY MH	191 79 8599	122 81 36	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	0			891
3404923	FIVE COUNTY MH	191 79 8599	122 81 36	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC I PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F	0			
	FIVE COUNTY MH	191 79 8599	122 81 36	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBHITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0			
3404923	FIVE COUNTY MH	191 79 8599	122 81 36	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	0			
		191 79 8599	122 81 36	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBHITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0			
	SANDHILLS CENTE	191 79 8599	122 81 36	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBHITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0			
	SANDHILLS CENTE	191 79 8599	122 81 36 13	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC # PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENETIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM	0	166	1057	891
	SANDHILLS CENTE	191 79 8599	122 81 36	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC I PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT	0		1057	891
	SANDHILLS CENTE	191 79 8599	122 81 36 13	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN GETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE, VERIFY CID, SIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND	0	166	1057	891
	SANDHILLS CENTE	191 79 8599	122 81 36 13	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC I PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT	0	166	1057	891
	SANDHILLS CENTE	191 79 8599 10 21	122 81 36 13 1604	ION OF RECIPIENT, PROVIDER AND BENEIT FACKAGE. CLIENT ID MUMBER DOES NOT MATC H PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND BENEIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND BENEIT PACKAGE.	0	166	1057	89:
	SANDHILLS CENTE	191 79 8599	122 81 36 13	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC # FATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBNITED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT FACKAGE. SERVICE FACILITY LOCATION IS N	0	166	1057	891
	SANDHILLS CENTE	191 79 8599 10 21	122 81 36 13 1604	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC I PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. SERVICE SERVICE TOWNSHAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.	0	166	1057	89:
	SANDHILLS CENTE	191 79 8599 10 21	122 81 36 13 1604	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC # FATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBNITED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT FACKAGE. SERVICE FACILITY LOCATION IS N	0	166	1057	89:
3404925	SANDHILLS CENTE R FOR MH/DD	191 79 8599 10 21	122 81 36 13 1604	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC I FATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERTIFY CID, DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENETIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	166	1057	89:
	SANDHILLS CENTE R FOR MM/DD	191 79 8599 10 10 21 8599	122 81 36 13 1604	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC I PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. SERVICE SERVICE TOWNSHAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.	0	166	1057	89:
3404925	SANDHILLS CENTE R FOR MH/DD	191 79 8599 10 10 21 8599	122 81 36 13 1604	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC I FATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERTIFY CID, DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENETIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	166	1057	89
3404925	SANDHILLS CENTE R FOR MM/DD	191 79 8599 10 10 21 8599	122 81 36 13 1604	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC I FATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERTIFY CID, DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENETIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	166	1057	89:
3404925	SANDHILLS CENTE R FOR MM/DD	191 79 8599 10 21 8534	122 81 36 13 1604 466	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC IF PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN BETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT ACK, VERIFY (ID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING SENETIT FACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING FROVIDER. PLEASE VERIFY THE F DUPLICATE OF CLAIM-SYSTEM		3537	16761	1322
3404925	SANDHILLS CENTE R FOR MM/DD	191 79 8599 10 10 21 8599	122 81 36 13 1604	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC I FATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERTIFY CID, DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENETIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERIFY THE F	131	166	1057	1322
3404925	SANDHILLS CENTE R FOR MM/DD	191 79 8599 10 21 8534	122 81 36 13 1604 466	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC I FATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERTEY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING FROVIDER. PLEASE VERTEY THE F DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE		3537	16761	1322
3404925	SANDHILLS CENTE R FOR MM/DD	191 79 8599 10 21 8534	122 81 36 13 1604 466	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC I FATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERTEY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING FROVIDER. PLEASE VERTEY THE F DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE		3537	16761	1322
3404925	SANDHILLS CENTE R FOR MM/DD	191 79 8599 10 21 8534	122 81 36 13 1604 466	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC I FATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERTEY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING FROVIDER. PLEASE VERTEY THE F DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE		3537	16761	1322
3404925	SANDHILLS CENTE R FOR MM/DD	191 79 8599 10 21 8599 8534	122 81 36 13 1604 466	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC I FATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND SENETIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERTEY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM SERVICE FACKAGE. SERVICE FACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERTEY THE F OUBLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		3537	16761	1322
3404925	SANDHILLS CENTE R FOR MM/DD	191 79 8599 10 21 8599 8534	122 81 36 13 1604 466	ION OF RECIPIENT, PROVIDER AND SENETIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN SETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT ASERVICE INVALID F OR CLIENT ASERVICE TOLD, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENSIT FACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID INFRA ATTENDING FROVIDER, PLEASE VERIFY THE F DUPLICATE OF CLAIM-SYSTEM ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		3537	16761	893

			1				TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	8622	29	60 RESIDENTIAL LEVEL II TREATM				
	HC			ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8599	11	DETAIL NOT COVERED BY COMBINAT	0	58	476	418
				ION OF RECIPIENT, PROVIDER AND	U	30	476	410
				BENEFIT PACKAGE.				
		23	8	SERVICE REQUIRES PRIOR APPROVA				
				L				
3404929		0	0	*** NO DATA TO REPORT ***				
3404929	LEE HARNETT MH/	0	0	NO DAIN TO REPORT				
	DD/SAS							
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY	11	2	CLIENT NOT ELIGIBLE ON SERVICE				
	MNTL HLTHC	1	1	DATE				
	1	1	1					
	+	21	2	DUPLICATE OF CLAIM-SYSTEM	-	-		
	+	1	1		0	5	35	30
	+	1	1					
			1					
		8599	1	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2121221		5404						
3404931	WAKE CO HUM SVC	5404	86	SEVERE DUPLICATE: SAME ATTO PR				
	BILLING OF			OV/PCODE/TOS/DOS/MOD				
		21	71	DUPLICATE OF CLAIM-SYSTEM	31	246	2233	1987
					31	240	2233	1507
		8599	43	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404932		0	0	*** NO DATA TO REPORT ***				
3404332	RANDOLPH/SANDHI LLS CO MH C			NO BILL TO RELOKE				
	LLS CO MR C							
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT	120	546	CLIENT ID NUMBER MISSING OR IN				
	R FOR MH/DD	1	1	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
	+	1	1	NO IS NOW COPPLEY				
	+	11	115	CLIENT NOT ELIGIBLE ON SERVICE		817	2469	1652
	+		1	DATE	0	01/	2469	1052
	1							
		143	52	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
2404024	1	0626	520	CERUICE PACTITAL LOCATION MAG				
3404934	ONSLOW CARTERET	8535	538	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837.				
	BEHAV HEAL		1	NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
	+	1	1		1			-
	+	21	110	DUPLICATE OF CLAIM-SYSTEM	n	746	810	64
			1			,40	310	
				_				
		11	61	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
			1					
3404935	1	0	0	*** NO DATA TO REPORT ***				
J4U4935	WAYNE CO MENTAL	0	0	NO DATA TO REPORT ***				
	HEALTH CTR		1					
		1	1	İ	1	1	I .	1
		0	0		0	0	n	0
		0	0		0	0	0	0

PROVIDER NUMBER 3404936		1						
NUMBER			NUMBER OF				TOTAL	TOTAL
		HIGH DENIAL EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
3404936	PROVIDER NAME	EOBS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
		8599	2	DETAIL NOT COVERED BY COMBINAT				
	WILSON-GREENE M			ION OF RECIPIENT, PROVIDER AND				
	ENTAL HEALT			BENEFIT PACKAGE.				
		21	1	DUPLICATE OF CLAIM-SYSTEM	1	4	436	432
					-		430	452
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404937	EDGECOMBE NASH	8599	718	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTH C			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	194	DUPLICATE OF CLAIM-SYSTEM				
		21	194	DUPLICATE OF CLAIM-SISTEM	0	942	1126	184
		8518	23	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
		1		FISCAL YEAR DOS (JULY 1 - JUNE				
		+					1	
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE	†						
		1						
		1						
		0	0		0	0	0	0
						Ü		Ĭ
3404939	NEUSE MENTAL HE	11	62	CLIENT NOT ELIGIBLE ON SERVICE				
	ALTH CENTER			DATE				
		8622	27	60 RESIDENTIAL LEVEL II TREATM	0	136	856	720
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		0500						
		8599	21	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404941		8599	115	DETAIL NOT COVERED BY COMBINAT				
	PITT CO MH/DD/S	0333	113	ION OF RECIPIENT, PROVIDER AND				
	AS CENTER			BENEFIT PACKAGE.				
		-		DENTE I INCIDENT.				
		120	51	CLIENT ID NUMBER MISSING OR IN	13	181	421	240
				VALID. ENTER CID AND SUBMIT	1.0	101	421	240
				AS A NEW CLAIM				
		8932	12	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
1								
3404942	ROANOKE CHOWANH	8599	22	DETAIL NOT COVERED BY COMBINAT				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	22	ION OF RECIPIENT, PROVIDER AND				
3404942		8599	22					
3404942			22	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942		8599 21	22	ION OF RECIPIENT, PROVIDER AND	3	31	823	792
3404942			22	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	31	823	792
3404942			3	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	31	823	792
3404942		21	3	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	3	31	823	792
3404942			3	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CMTNC INELIGIBLE TO RECEIVE SE	3	31	823	792
3404942		21	3 3 2	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	3	31	823	792
3404942		21	3	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CMTNC INELIGIBLE TO RECEIVE SE	3	31	823	792
	UMAN SERVIC	21	3	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CHINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	3	31	823	792
	UMAN SERVIC	21	3 3 2 1157	ION OF RECIPIENT, PROVIDER AND BENETI PACKAGE. DUPLICATE OF CLAIM-SYSTEM CHYNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION IS N	3	31	823	792
	UMAN SERVIC	21	3	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CHINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	3	31	823	792
	UMAN SERVIC	21	3	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CHINC INELIGIBLE TO RECEIVE SE RVICES IN IFRS. SERVICE FACILITY LOCATION IS N OF A VALID IFRS ATTENDING	3	31	823	792
	UMAN SERVIC	21	3	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CHINC INELIGIBLE TO RECEIVE SE RVICES IN IFRS. SERVICE FACILITY LOCATION IS N OF A VALID IFRS ATTENDING	3			
	UMAN SERVIC	21 8932 8534	2 2 1157	ION OF RECIPIENT, PROVIDER AND EMERIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CHTMC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE PACILITY LOCATION IS N Of A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	61			792
	UMAN SERVIC	21 8932 8534	2 2 1157	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CMINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION IS N OF A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F ASTNC INELIGIBLE TO RECEIVE SE	61			
	UMAN SERVIC	21 8932 8534	2 2 1157	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CMINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION IS N OF A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F ASTNC INELIGIBLE TO RECEIVE SE	61			
	UMAN SERVIC	21 8932 8534	2 2 1157	ION OF RECIPIENT, PROVIDER AND EMERIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CMTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. SERVICE PACILITY LOCATION IS N OT A VALID 1PRS ATTENDING PROVIDER, PLEASE VERTFY THE F ASTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS.	61			
	UMAN SERVIC	8932 8534 8935	2 2 3 3 9 3 9	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION IS N OF A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	61			
	UMAN SERVIC	8932 8534 8935	2 2 3 3 9 3 9	ION OF RECIPIENT, PROVIDER AND EMERIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CMTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. SERVICE PACILITY LOCATION IS N OT A VALID 1PRS ATTENDING PROVIDER, PLEASE VERTFY THE F ASTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS.	61			
3404943	UMAN SERVIC	8932 8534 8935	1157 22 39	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CMTHC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION IS N OF A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	61			
3404943	UMAN SERVIC ALBEMARLE MENTA L HEALTH CE	8932 8534 8935	2 2 3 3 9 3 9	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CMINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION IS N OF A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE DETAIL NOT COVERED BY COMBINAT	61			
3404943	UMAN SERVIC ALBEMARLE MENTA L HEALTH CE	8932 8534 8935	1157 22 39	ION OF RECIPIENT, PROVIDER AND EMERIT PACKAGE. SUPLICATE OF CLAIM-SYSTEM CHTMC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE PACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. FROCEBURE IS NOT COVERED FOR T HIS DATE OF SERVICE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	61			
3404943	UMAN SERVIC ALBEMARLE MENTA L HEALTH CE	8932 8534 8935	1157 22 39	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CMINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION IS N OF A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE DETAIL NOT COVERED BY COMBINAT	61			
3404943	UMAN SERVIC ALBEMARLE MENTA L HEALTH CE	8932 8534 8935 8935 8935	1157 22 39 25	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION IS N OF A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE.		1319	4789	3470
3404943	UMAN SERVIC ALBEMARLE MENTA L HEALTH CE	8932 8534 8935	1157 22 39	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CMTHC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION IS N OF A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F ASTHC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. FROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC	61	1319	4789	
3404943	UMAN SERVIC ALBEMARLE MENTA L HEALTH CE	8932 8534 8935 8935 8935	1157 22 39 25	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION IS N OF A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE.		1319	4789	3470
3404943	UMAN SERVIC ALBEMARLE MENTA L HEALTH CE	8932 8534 8935 8935 8935	1157 22 39 25	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CMTHC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION IS N OF A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F ASTHC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. FROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC		1319	4789	3470
3404943	UMAN SERVIC ALBEMARLE MENTA L HEALTH CE	8932 8932 8534 8935 537	1157 22 39 25	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CMINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION IS N OF A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC N PATIENT NAME		1319	4789	3470
3404943	UMAN SERVIC ALBEMARLE MENTA L HEALTH CE	8932 8534 8935 8935 8935	1157 22 39 25	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CMINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION IS N OF A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H FATIENT NAME		1319	4789	3470
3404943	UMAN SERVIC ALBEMARLE MENTA L HEALTH CE	8932 8932 8534 8935 537	1157 22 39 25	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CMINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION IS N OF A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC N PATIENT NAME		1319	4789	3470
3404943	UMAN SERVIC ALBEMARLE MENTA L HEALTH CE	8932 8932 8534 8935 537	1157 22 39 25	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CMINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION IS N OF A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H FATIENT NAME		1319	4789	3470

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404946	FOOTHILLS AREAM	21	42	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		8599	7	DETAIL NOT COVERED BY COMBINAT	0	53	106	
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404957	TIDELAND MENTAL	21	323	DUPLICATE OF CLAIM-SYSTEM				
	HEALTH CTR							
		11	49	CLIENT NOT ELIGIBLE ON SERVICE	33	494	11271	1077
				DATE				
		8599	35	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM	21	482	DUPLICATE OF CLAIM-SYSTEM				
	H/DD/SA PRO							
		23	86	SERVICE REQUIRES PRIOR APPROVA	0	568	593	
			1	L		300	333	